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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
7/10/13

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Diane Dominguez & Associates, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Diane Napoles
Name (Printed or typed)

16523 NW 89 CT
Address

Miami Lakes, FL 33018
City, State & Zip

(305) 755-2344
Daytime Telephone number

dianedominguez@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Diane Dominguez & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16523 NW 89 CT
Miami Lakes, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Diane NAPOLES (President)

Name and Title:

Address

16523 NW 89 CT
Miami Lakes, FL 33018

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

Name and Title: _____

Name and Title: _____

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Diane NAPOLÉS

Address: _____

16523 NW 89 CT

Miami Lakes, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Diane NAPOLÉS

Address: _____

16523 NW 89 CT

Miami Lakes, FL 33018

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Diane Napoles

Required Signature/Registered Agent

7/2/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Diane Napoles

Required Signature/Incorporator

7/2/2013

Date